

Dubuque Regional Humane Society

Foster Program Application

Name: _____ Date: _____

Address: _____

City, State Zip: _____

Phone Numbers: Day: _____ Primary

Evening: _____ Primary

Cell: _____ Primary

Email: _____

Place of Employment: _____ Work #: _____

If necessary, are we able to contact you at your place of employment? Yes _____ No _____

Are you 18 years of age or older? Yes _____ No _____

Do you own or rent your home? Own _____ Rent _____

If you rent, how many animals are you allowed to have? _____

Landlord's Name: _____ Phone #: _____

Have you fostered a pet before? Yes _____ No _____

If yes, what kind? _____

Do you have any pets of your own? If so, please list them below:

Species: _____ Breed: _____ Age: _____ Sex: _____

Are all of your pets spayed or neutered? Yes _____ No _____

Are all of your pets current on their vaccinations? Yes _____ No _____

Name of Vet Clinic: _____

****The DRHS will need a current copy of all vaccines.**

Do any of your pets currently have any illnesses or diseases that they are being treated for? If so, what? _____

Cats

Have your cat(s) been tested for feline leukemia? Yes _____ No _____

Are your cat(s) vaccinated for FeLV? Yes _____ No _____

Do your cat(s) go outside? Yes _____ No _____

Do you use flea/tick preventative? Yes _____ No _____

Are you able to keep your pets segregated? Yes _____ No _____

Dogs

Are your dog(s) vaccinated for Kennel Cough? Yes _____ No _____

Are your dog(s) vaccinated for Lyme disease? Yes _____ No _____

Are your dog(s) on flea/tick preventative? Yes _____ No _____

Are you able to keep your pets segregated? Yes _____ No _____

Is someone home during the day? Yes _____ No _____

How many hours per day will the fostered animal(s) be left alone? _____

How many children are living in your household? _____

What are their ages? _____

If you don't have children in your home, do you have children that visit your home regularly? Yes _____ No _____

If yes, how often do they visit? _____

What are their ages? _____

Is there a history of allergies/asthma in any of your family members? Yes _____ No _____

If yes, please explain: _____

Do any of your family members have any fear towards animals or particular breeds?

Yes _____ No _____ If yes, please explain: _____

How much time will you be able to spend with your foster per day? _____

*Puppies & bottle-fed kittens (most demanding)

*Kittens, Dogs (less demanding)

*Cats (least demanding)

It is recommended that any foster animal be isolated from existing animals. How and where will your foster animal(s) be confined / isolated? Please specify indoor/outdoor facilities.

Explain your limitations (i.e. single animal or mother and litter, etc.; and why there are limitations i.e. size of house, etc.):

Are you familiar with Kennel Cough (bordatella)? Yes_____ No_____

Are you familiar with Feline Upper Respiratory Infection (URI)? Yes_____ No_____

Do you have any experience administering medication to animals? (i.e. pilling, eye/ear drops, etc.)? Yes_____ No_____

If yes please explain: _____

Are you able to foster dogs with Kennel Cough? Yes_____ No_____

Are you able to foster cats with URI? Yes_____ No_____

Are you willing to let a representative of the DRHS visit your home at your convenience?
Yes_____ No_____

Do you have access to a vehicle? Yes_____ No_____

What are you interested in fostering? (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Dogs | <input type="checkbox"/> Cats |
| <input type="checkbox"/> Puppies | <input type="checkbox"/> Kittens |
| <input type="checkbox"/> Dog/Puppy with Kennel Cough | <input type="checkbox"/> Cats/Kittens with URI |
| <input type="checkbox"/> Pregnant dog/nursing puppies | <input type="checkbox"/> Bottle-fed kitten(s) |
| <input type="checkbox"/> Surgery Complications | <input type="checkbox"/> Pregnant cat/nursing kittens |

How did you find out about the foster program? (Please choose one)

_____ Volunteer orientation

_____ Public service Announcement

_____ Visiting the shelter

_____ Word of mouth

_____ Other: _____

Is everyone in your household in agreement on participating in the DRHS foster program? Yes_____ No_____

Have you ever been involved with the Animal Control Department? Yes_____ No_____

If yes, please explain_____

What do you envision when you hear the term "foster care?" What does it mean to you?

What are the reasons you want to foster? _____

Do you feel you will be able to return the animal to the DRHS after you have cared for it for an extensive period of time? Yes_____ No_____

How would you feel if any of the animals you fostered were euthanized after a period of time after they were brought back to the DRHS? What if the animal(s) had to be taken from your care to be euthanized? _____

Do you have any initial questions or concerns about the foster care program?

We do not always have animals that need to be fostered; therefore, if you are approved, there may be months in-between foster placements. Once you are approved for our foster program, you will remain on our list unless notified otherwise.



By signing below, you also agree to the following terms and conditions listed on this application.

Fosters' Signature(s): _____

Please provide one piece of identification (i.e.: Driver's License) to shelter staff member when submitting application:

ID Type _____ ID# _____

Staff Initials: _____ Date of Visit: _____

AGREEMENT

- **Foster Caregiver agrees to immediately contact the Humane Society for proper care instructions in the event fostered animal(s) requires medical attention due to illness or accidental injury.**
- **Foster Caregiver agrees to assume the cost of medical care administered to fostered animal(s) due to Foster Caregiver's gross negligence or harmful acts.**
- **Foster Caregiver agrees to immediately return the fostered animal(s) to the Humane Society upon receipt of Humane Society's written or oral request to do so, but in no event will fostered animal(s) be held by Foster Caregiver later than the agreed upon time period as stated in this Agreement without the express written permission by an employee of the Humane Society.**
- **Foster Caregiver agrees to indemnify the Humane Society for court costs and reasonable attorney's fees incurred by Humane Society in its attempts to regain custody of fostered animal(s) in the event Foster Caregiver refuses to return the animal(s) to Humane Society upon its written or oral request to do so, or at the agreed upon time as stated in this Agreement.**
- **Foster Caregiver agrees to immediately contact the Humane Society (563-582-6766) and the local Animal Control Officer (563-589-4185 / City) in the event fostered animal(s) is stolen or lost while under the Foster Caregiver's supervision and further will assist in the recovery of the fostered animal(s).**
- **Foster Caregiver agrees to provide the Humane Society with the fostered animal(s)' remains or otherwise verifiable proof in the event the fostered animal(s) dies or is killed while under the Foster Caregiver's supervision.**

NOTE: The remaining section of this application form will be completed if you are contacted to foster an animal.

(For Shelter Office Use Only)

Approved By: _____

Denied By: _____

Reason: _____

Date Fostering Begins: _____